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Application Number	10/540,215
Filing Date	January 4, 2006
First Named Inventor	Claude Choquet
Title	Virtual Simulator Method & System for Neuro
Art Unit	1631
Examiner Name	Carolyn Smith
Attorney Docket Number	1569-002

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/50) submitted herewith or filed on: _____

SIGNATURE OF Applicant or Assignee of Record

Signature

Name

Claude Choquet

Date

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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